



# Request Transfer of Medical History Form

Attention: .....

.....

..... Fax: .....

Dear Doctor,

The below patient is now attending our Practice and has requested that their medical records be transferred to us.

For: .....

Of: .....

DOB:..... /..... /.....

Would you please forward:

- A Summary of their medical history
- Copies of relevant information
- Copies of correspondence from third parties
- A copy of their full medical history
- Other (please specify).....

Please advise the patient/our Practice in writing if administrative costs apply and if so, provide the fee.

In line with the Privacy Principles, we advise sending records via registered mail. We prefer XML format, compatible with Medical Director on disk. We are happy to receive a brief summary via facsimile. Please phone our Administration Team Leader if you wish to discuss this.

Please find below a signed authority permitting us to request records concerned.

Yours faithfully,

Per: Tyner Road Medical Centre.

**I hereby give permission for my medical records to be forwarded to Tyner Road Medical Centre.**

Signed:..... Date:.....

Confidential information intended only for the use of the person named above. It may be subject to professional privilege. If you are not the named recipient, any disclosure, copying or use of the contents of this is prohibited. If you have received this in error please notify us by telephone immediately.